



Bib Data Sheet


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SERIAL NUMBER 09/593,546	FILING DATE 06/14/2000 RULE	CLASS 379	GROUP ART UNIT 2742	ATTORNEY DOCKET NO. 00-0826						
APPLICANTS Dave Robinson, Las Vegas, NV ; ** CONTINUING DATA ***** <i>CIP of 09/048,667 3/26/98 abandoned</i> ** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/25/2000										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>4/16/07</i>	STATE OR COUNTRY NV	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3						
ADDRESS Ivar M Kaardal Kaardal & Associates PC 3500 South First Avenue Circle Suite 250 Sioux Falls, SD 57105-5802										
TITLE Telephone mouthpiece and earpiece cover system										
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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